

**TEXAS BOARD OF NURSING**

333 Guadalupe #3-460

Austin, Texas 78701

**APPLICATION FOR REGISTERED NURSES PERFORMING RADIOLOGICAL PROCEDURES**

(PHOTOCOPIES OF THE FORM WILL NOT BE ACCEPTED)

1. Texas RN Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

2. \_\_\_\_\_  
First Name Middle Name (If Applicable) Last Name3. Home Address: \_\_\_\_\_  
Street or Box Number City State Zip Code

4. Do your functions include the performance of radiological procedure under the direction of a doctor of medicine, osteopathy, dentistry, podiatry, or chiropractic who is licensed under the laws of the state of Texas? [ ] Yes [ ] No

5. Name of Practitioner: \_\_\_\_\_  
First Name Middle Name Maiden Name (If Applicable) Last Name

Address (Street or Box Number) City State Zip Code

6. Classification of practitioner (check one): [ ] M.D. [ ] D.O. [ ] Dentist [ ] Podiatrist [ ] Chiropractor

7. Texas License number of practitioner: \_\_\_\_\_

*NOTE: If working with additional practitioners, list information on the reverse side of this form.*8. Facility in which radiological procedures performed: \_\_\_\_\_  
Name of Facility

Address (Street or Box Number) City State Zip Code

9. Check type of setting in which radiological procedure are performed:

Ambulatory Surgery Ctr	_____	Chiropractor Office	_____	Dentist Office	_____
DO Office	_____	Industry	_____	Long Term Care	_____
MD Office	_____	Minor Emergency Clinic	_____	Mobile Nuclear Medicine	_____
Mobile X-Ray	_____	Out Patient Clinic	_____	Podiatrist Office	_____
Radiation Therapy Ctr	_____	Hospital (other than JCAHO accredited/Medicare Certified)	_____		_____
Other, specify	_____				

*NOTE: If additional facilities are used, list information on the reverse side of this form.*

10. Do you hold a certificate as a medical radiological technologist with the Texas Department of State Health Services: [ ] Yes [ ] No

**ATTESTATION**

I, the Registered Nurse whose name appears within this Application, acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I have read and will abide by the rules and regulations to Registered Nurses Performing Radiological Procedure as specified in Rule 217.14

I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider.

I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Instructions for Completing and Filing an Application  
for Registration as a Registered Nurse Performing Radiological Procedures\***

1. Type in the information. If a typewriter is not available, the application will be accepted if the information is printed legibly in black ink.
2. The Board will not accept photocopied applications.
3. Complete each question or item. If not applicable, fill in N/A.
4. Indicate your Texas RN license number, date of expiration and social security number. Your application for Registered Nurse Performing Radiological Procedures cannot be approved until you are currently licensed in Texas as a registered nurse. If you do not have a current RN license, contact the Board's office for further instructions.
5. You have read and will abide by Rule 217.14.
6. Return the completed application to the address listed at the top of the form.
7. There is no fee for registration.
8. In the lower left hand corner of the envelope and on all correspondence that is sent to our office, please reference to the code "RN RAD".
9. After your application has been evaluated you will be notified of your status.

\*If you perform radiological procedures in a hospital which is JCAHO accredited or Medicare certified and you do not perform these procedures in any other settings you are NOT required to register with the Board.

## TEXAS BOARD OF NURSING

### Rule 217.14. **Registered Nurses Performing Radiological Procedures** effective September 1, 1999

- (a) A registered nurse who performs radiologic procedures other than in a hospital that participates in the federal Medicare Program or that is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) shall submit an application for registration to the Board and shall submit evidence including, but not limited to, the following:
  - (1) Current licensure as a registered nurse in the State of Texas;
  - (2) The name and business address of the practitioner or director of radiological services under whose instruction or direction the radiologic procedures are performed.
- (b) After review by the board, notification of registration shall be mailed to the registered nurse and to the agency licensing the practitioner informing them that the nurse has registered with the Board.
- (c) The registered nurse who is registered to perform radiologic procedures pursuant to subsection (a) of this section shall notify the Board within 30 days of any changes that would render the information on the nurse's application incorrect, including but not limited to any changes in identity of the practitioner or director of radiological procedures under whose instruction or direction the radiologic procedures are performed.
- (d) Functions of the registered nurse performing radiologic procedures must be within the scope of the Texas Nurse Practice Act and shall not be in violation of the Medical Practice Act of Texas, the Texas Pharmacy Act, or any applicable laws of the State of Texas.
- (e) Any nurse who violates these rules shall be subject to disciplinary action by the Board under Texas Occupations Code sections 301.451-301.469